	epartment of t	3	REQUEST FOR RETIREMENT ANNUITY COMPUTATION			
Human Resources Service Center Name: (last, first, middle)			SN: Date of request			
rame: (last, mst, madic)			5011.	Date	orrequest	
Daytime phone (DSN and commercial):				UIC:		
Do you want the estimate faxed or mailed?						
☐ Faxed to:						
☐ Mailed to:		Street Address:				
		City/State/Zip Code:				
1.	When do you want to retire (mmddyy)?		2. What retirement system are you in? □ CSRS□ FERS □ CSRS Offset			
3.			4. How many how (CSRS only)	y hours of sick leave do you have: nly)		
5.				d any part-time service? hours a week)		
		a survivor annuity for your spouse to		□NO	□ YES	
7.	. Have you had more that 6 months leave without pay in a calendar year?			□NO	□ YES	
8. Have you been a temporary employee? If yes, have you made a deposit for this service?			□ NO □ NO	□ YES □ YES		
9.	Have you had a break in service?			□ NO	□ YES	
	If yes, did you get your contributions back? If yes, did you pay the contributions?			□ NO	□ YES	
				□NO	□ YES	
10. Have you been on active duty with the military?				□ NO □ NO	□ YES	
	Did you retire from active duty with the military? Have you received a statement of military base pay from the finance center				□ YES □ YES	
	If so, please attach a copy				u ies	
	Have you made a deposit for military service performed after 1956?				□ YES	
Would you like the annuity computed on: ☐ Civilian service only ☐ Combining military & civilian service ☐ Both ways						
Comments:						
Mail or fax form to your servicing HRSC office.						